

THE CALIFORNIA MEDICAL JOURNAL.

H. T. WEBSTER, M. D., EDITOR

VOL. 9.

SAN FRANCISCO, CAL., APRIL, 1888.

No. 4

The Board of Examiners of the Eclectic Medical Society of California will meet throughout the year regularly at 4 o'clock P. M., on the second Thursday of each month, at the office of Geo. G. Gere, M. D., Secretary, 112 Grant Avenue, San Francisco.

ORIGINAL COMMUNICATIONS.

NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. When you want to begin a paragraph at a given word, place before it in your MS. the sign ¶. Words to be printed in *italics* should be underscored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times. Address all communications relating to contributions or other editorial matter to H. T. WEBSTER, M. D., 1015 CLAY ST., OAKLAND, CALIFORNIA.

Physicians in active practice are always in need of something to supply a new demand in the shape of remedies and appliances, and will, perhaps, find, by reading our advertising pages, a guide to just what they need. Some of these advertisements are being changed every month. Keep your eye on them.

Advertisers and subscribers should address D. MACLEAN, M. D., 330 SUTTER STREET, SAN FRANCISCO, CAL., when sending money or making inquiries as to the business management of the JOURNAL.

PISCIDIA ERYTHRINA, COMMON NAME JAMAICA DOGWOOD.

BY JOHN FEARN, M. D., OAKLAND, CAL.

PISCIDIA ERYTHRINA belongs to the natural order leguminosæ; it is a small tree growing naturally in the West Indies, also said to grow in Southern Florida. The properties possessed by the bark of the root are astringent, diaphoretic, hypnotic and narcotic—and I think we may safely say somewhat tonic. Its toxic properties have been known in its own natural habitat for many years, where it is used for catching fish. We are told “that the leaves, twigs and root-bark are collected, macerated with the residue from the distillation of rum or with lime water, then transferred into baskets, and the baskets are dragged up and down the water until the active principle has been extracted and the fish are stupefied.”—*United States Dispensatory*. It is from this use of the bark that it gets its name piscidia.

The remedy is a very valuable one. I have been using it since soon after its first introduction by P. D. & Co., and in my estimation the remedy is growing in value. By the profession

at large it is not generally used, and I write this more to call attention to the drug as being a very valuable addition to that class of remedies that are given to produce sleep and relieve pain.

What physician who has noted the irritation of stomach, the arrest of secretion, the loss of appetite, the dull headache, that follows the use of opium or its salts, but has wished for a remedy that would do the work without leaving these sad consequences in its train.

Gentlemen of the profession, we have in *piscidia erythrina* an article that will in a large percentage of cases do that very thing.

My own opinion is that though it is a good anodyne relieving pain in a marked manner, yet where the pain is intense, we shall do well to use a remedy stronger than this article. I would pronounce it a better hypnotic than an anodyne. As illustrating the action of this remedy it is recorded in the *United States Dispensatory* that "Dr. William Hamilton" one of the first investigators with this remedy, experimented with it as early as 1844. He was laboring with a severe attack of toothache, and on retiring he took one drachm. He first felt a violent sensation of heat internally, which gradually extended to the surface and was followed by profuse perspiration, with profound sleep for twelve hours. On awaking he was quite free from pain and free from the unpleasantness which attends the use of opiates. One would think that this single result would have been sufficient to have stimulated investigators; on the contrary, it was allowed to rest in oblivion for many years, till the enterprise of Parke, Davis & Co. brought it into notice. The *United States Dispensatory* says that while various practitioners have used it with good results to produce sleep and relieve pain, others have failed to get good results, and Dr. H. C. Wood in one case of neuralgia found it to produce great nausea and gastric distress without evincing the slightest narcotic effect. Now I can easily see that you might give a dose of this remedy or even a dose of water in a case of neuralgia where the stomach was very foul and you would provoke emesis. Of course the remedy being vomited from the stomach, we should hardly look for any narcotic effect. Another

probable cause of failure to get good results, would be an inferior article. I have never used anything but the fluid extract as prepared either by Parke, Davis & Co. or Lloyd Bros., and I have not failed to get good results. Now, for its field of usefulness this would be neuralgia, rheumatism, nervous insomnia, dysmenorrhea, etc.

Dr. J. P. Webb reports good results from its use in dysmenorrhea, and any physician who will first read the results of Dr. Hamilton's 3i dose, then follow up the thought, will see that in cases of congestive dysmenorrhea it cannot but be a very good remedy; in this case I would use it in hot sweetened water.

In a case of severe neuralgia of the face and head in which the pain was terrific, I prescribed:—

R Spec. gelsem, ʒss.
 Fl. ext. erythrina piscidia, ʒiij.
 Syr. rhei et pot. to ʒiv.

M. Sig.—3i every hour till relief came. The result was most pleasing, this R with a little quinine to overcome periodicity completed the cure; the case had been running some time.

One week ago I was called to prescribe for a case of neuralgia of the right kidney; the pain came on spasmodically, and was so severe that it drew the man double; it very much simulated the passage of a renal calculus. The kidneys had been doing their work rather scantily. I prescribed:—

R Fl. ext. erythrina piscidia,
 Fl. ext. barosma, aa ʒiv.
 Syr. rhei et pot., ʒiij.

M. Sig.—3i and repeat as per instructions. In this case I ordered hot packs to the painful part. The man, living alone, had no convenience for packs, so he depended on the medicine. Result satisfactory. I could multiply cases but there is no need. Suffice it to say that to allay pain or produce sleep it can be used in doses of from ten drops to one or one and a half drachms. In cases of insomnia, especially of long standing, I prefer to give it in twenty or thirty-drop doses and repeat every two or three hours till the result is produced, rather than depend on large single doses.

In this Dr. Webster, of this JOURNAL, agrees with me; he prescribes:—

R Fl. ext. erythrina piscidia,
Glycerinum, aa ʒi.

M. Sig.—ʒi every four hours. This of course in long-standing or persistent insomnia. We have seen no bad results.

It has been used in carious aching teeth, applying in the cavity on a dossil of lint. While I would not object to this I should most certainly give it internally at some time.

It has been asserted that this article makes a very good injection in cases of gonorrhea, as follows:—

R Fl. ext. erythrina piscidia, ʒij.
Aqua. distil. to ʒiv.

M. Sig.—Use as injection. I have never prescribed it in this way, but I have it on good authority that it does well in such cases, and am quite prepared to admit the truth of these reports. I could say much more, but I have said enough to call attention to this, one of the not ancient remedies, one that in my opinion has come to stay.

GUNSHOT WOUNDS.

BY H. F. BEAM, M. D., SAN DIEGO.

THERE can be no doubt but that in the practice of medicine the essentials to the successful management and treatment of gunshot wounds are too often neglected by a large majority of physicians. Absurd as it may appear, yet it is a fact that the average country practitioner, when called upon to dress a gunshot wound, becomes highly embarrassed, loses all presence of mind, gets "rattled," in common parlance, and by his bungling manipulation turns a simple wound into a complicated and highly dangerous one, jeopardizing the life of the patient, and placing his ability as a surgeon in a very questionable light. I am reminded of this more forcibly at the present time by having recently operated for the purpose of repairing a sadly defective piece of work of another surgeon.

Two months ago a boy fifteen years of age was out hunting, using a double-barrel, muzzle-loading shot-gun. The young fellow was in the act of shooting at a rabbit when the gun bursted, and

the principal part of its contents struck him in the face. He wore a light felt hat, the rim of which was blown to atoms, and a number of its pieces burrowed beneath the skin in the forehead and in different parts of the scalp. An ugly gash was made the entire length of, and directly beneath, the right eyebrow, severing the skin and muscular tissue to the bone, and causing the eyelid to droop, thus completely obscuring the eye from sight. The eyelid, separating from its attachment above, and dropping down, caused an opening about the size and shape of an almond. Such was the history of the case as detailed to me by the boy's father three weeks ago. The attending physician washed the patient's face, applied an ointment, and assured the family that the boy would be all right in a week or two, "with the exception of the eye, which is totally destroyed," he said.

The boy was brought to me, as stated, three weeks ago, to ascertain whether or not anything could be done to render him more comfortable, and make him more presentable in the eyes of the public. He was indeed a sorry-looking spectacle. The right eye was entirely concealed from view by a swollen, turgid-looking flap, a huge scar occupied the space where the eyebrow properly belonged, and a mass of semi-granulations or disorganized cuticle filled in the space between the eyebrow and eyelid. Prominences, black in color and ranging in size from a bird-shot to a bean, were scattered over the forehead and scalp, and altogether the young man would not have passed muster as an Apollo. In a short time I removed several shot, half a dozen pieces of felt hat, and a piece of gun-barrel. One piece of hat measured an inch in length, the removal of which, with dissections of the adjacent discolored cuticle, left quite a cavity. This was filled in with three skin grafts taken from the left arm of the patient. The eye was next attended to, by cutting away the disorganized tissue, bringing the eyelid up to its proper place, and securing it by several sutures, when it was discovered that the sight was in no way impaired! All this trouble, pain, inconvenience, expense and what-not the fault of a bungling surgeon! Three weeks have passed, and the boy is making a good recovery.

One night, about two weeks ago, I was called to see a private

watchman, who, the messenger said, had shot himself. The patient informed me that while making his rounds, with his right hand on his revolver, which he carried in his coat pocket, he stumbled and fell and the weapon was discharged. The bullet entered the outside of the right thigh, about six inches below the head of the femur, took a downward course, and lodged—I know not where. I advised that it be let severely alone, as it would no doubt become encysted and cause no further trouble. If trouble ensued I would remove it. In two days the man resumed duty, and still carries the bullet in his leg, causing him no inconvenience whatever. With the usual procedure of probing and gouging this man would yet be confined to bed.

Gunshot wounds vary from the slightest contusions to the most frightful lacerations. They may produce little uneasiness, or they may cause instant death. The shock, both physical and mental, is greatest when the superficial wound is large, when much blood is lost, or when some internal organ of vital importance is affected. In the latter it approaches to syncope, and the mental depression is so great that it often fills the most stout-hearted with alarm and despair. It is therefore highly necessary for a surgeon to be possessed with great presence of mind; to thoroughly understand each individual case with which he comes in contact; to not only know how to do an operation, but *when* to do it, and when to *not* do it. He should not merely present outward composure, but he must in reality possess it. Sangfroid, intrepidity, and the power of self-support, are absolutely essential to his success. He must train himself to think, during an operation, of his work and of his patient, and not of the by-standers. Should anything go wrong he must preserve his coolness, and not suffer himself to fall into that condition of mind commonly called “surgical delirium,” in which the operator loses his head, and strives to extricate himself from embarrassment by ill-directed and often aimless efforts.

In a gunshot wound bones may be simply broken, or the fracture may become compound, or comminuted. Again, a bone may be perforated, or the bullet may be arrested and lodge within it. When a bone is simply bruised without being broken, the injury

is often more serious than it appears at first sight, giving rise to prolonged inflammation and eventually terminating in necrosis. Prognosis in such cases should therefore be guarded. A bullet may penetrate the chest, lodge within the pleural cavity, and becoming encysted cause no further trouble. As a general rule, however, it does not stop in the pleural cavity, but penetrates the lung, sometimes lodging within that substance, and again passing clear through. Contrary to the teachings of the average professor of surgery, this fact in diagnosis is easy to discover, for when a bullet enters the substance of the lung there is great collapse, often approaching to syncope. The face is blanched, wears an anxious expression, and breathing is accomplished with great difficulty; there is usually expectoration of frothy blood, and sometimes the edges of the wound are emphysematous. Prognosis in these cases is unfavorable.

Gunshot wounds of the abdomen have been, until within the past few years, usually considered fatal. Now, however, since the laparotomist is abroad in the land, delving into the heretofore hidden recesses of the belly, a great deal of light has been thrown upon the treatment of these wounds, and numerous lives have been saved by a timely laparotomy. Instead of standing by the bedside and watching the patient die, the surgeon of to-day steps forward, quickly splits down the belly, removes the intestines, searches for the bullet, and usually finds it, removes it, cleanses the intestines and abdominal cavity, sews up the rents in the bowels with the finest silk, returns them to their place, the superficial opening is brought together with silver wire, the patient is placed in bed, and recovery usually follows. There is one important point to be remembered in all gunshot wounds, viz., probing for bullets, or other missiles, supposed to be lodged in the abdominal cavity, or in fact in any cavity, should be avoided. There is more danger in searching for them than in leaving them where they may be lodged.



SOME INFORMATION WANTED.

BY G. P. BISSELL, M. D.

I SEE extensively advertised in medical periodicals, bromo-caffeine, for the cure of nervous headache. Now, I want to find out what nervous headache is. Does it in any manner resemble "liver complaint and biliousness," that have had such a run for the last fifty years? And then what is liver complaint, and what is biliousness? I see that since I studied medicine this frail system of ours has been saddled with still another disease of unknown quantity, called catarrh of the stomach. (Heaven help us all!) Why might it not be equally well expressed thus— X^{1+++n} etc? What is catarrh of the stomach? In the forty-five years and more since I read Greek, of course I have grown rusty, still the impression left on my mind is that catarrh is made up of two words—*kata*, down and *rheo*, to flow. Then catarrh of the stomach would be a downflowing of that organ. Or, is it of the contents of the stomach that the name is designed? I suppose that if a man gets into the water and washes down stream there is a catarrh of the whole man.

But we are wandering from bromo-caffeine and nervous headache. If one only knew how to recognize the disease he would have a sovereign remedy according to the advertisements. What is nervous headache? I want information. I was taught (probably erroneously) that the nerves are the portion of the animal organism through which all pain expresses itself, and without nerves of sensation no pain can be felt by the individual. It seems to me that any headache is a nervous headache, and that any pain is a nervous pain.

If we want to express definite ideas, and if we want medicine to rank as a science, it is high time that such loose, sloppy words were dropped from the vocabulary. Nervous headache! bilious! catarrh of the stomach! bah!

Now my mode of procedure in any case of nervous headache or nervous any-other-ache is to try to find out what organ or what function is at fault. Sometimes I succeed and sometimes I

fail. As to headache, often I find it to depend on some fault of digestion or assimilation. When I can trace it to its source and rectify the wrong, the nervous part drops out. Often I find that the kidneys are unable to unload the blood of the urates; but this again I trace back to the digestive organs. Sometimes I find the sexual organs at fault. Sometimes I find it to depend on what I call muscular rheumatism. In any case where I can find and remedy the fault, the nervous part drops out. Sometimes I trace it to malaria (whatever that is). Certes, generally I trace it to want of proper assimilation or excretion. Sometimes I fail to trace it to its proper cause and to give the proper remedy, and then the nervous remains, for I have never used bromo-caffeine. I once gave one drop of tr. rhus tox. for nervous headache and cured it. After more than two years the patient's husband came for more of the same medicine, saying that the pain had returned. He laughed best and last, for he did not pay me. Mine was a nervous laugh.

IN REGARD TO CERTAIN CONDITIONS OF THE SYSTEM, WHOSE
CHIEF MANIFESTATION IS PAIN.

Let a person complain of a dull, heavy, almost continuous pain under the right scapula, to one of the old-school physicians, and he will be told that his liver is at fault; and of course the treatment will be founded on the diagnosis. Now I have always thought that it was a lucky thing for physicians of that school, that man has a liver. It is to them what the devil is to theologians. They pile on the poor devil all his own sins and all the sins of mankind atop of his own proper burden. Just so does the old school pile on top of the liver all its proper affections, and all that ignorance does not comprehend to fill out the load. What is the use of having a scape-goat unless we use him?

Again, let a growing youth complain of muscular pains and he will be told that they are growing pains. So they are, in one sense, for I have known them to grow worse and worse as long as the man lived.

There are a certain group of symptoms chiefly characterized by subjective pain, which, for want of better name, we call muscu

lar rheumatism. Prominent among those symptoms will be the dull, heavy pain under the scapula, more frequently the right; pain in the back of the neck, pain over the eye, going off as the sun gets low, more frequently felt on the left side; pain in the top of the head, at site of the anterior fontanelle, which is often so severe that it seems to the person afflicted to go to his brain; pain in the loins running around the crest of the ilium and down the sciatic nerve; quick stabbing pain in the thorax; perhaps lameness of the deltoid and muscles of the arm; in woman pain in the womb at her periods, etc.

Associated with all these pains, at times at least, will be a burning feeling in the skin, and what is called formication. Now most intimately associated with these symptoms will always be found some trouble with digestion. Of course, one will rarely ever find all these symptoms present in any one case. Even when the muscles do not seem to be affected, I am accustomed to call a certain group of symptoms muscular rheumatism, and to successfully treat it as such.

The treatment which I have adopted and which almost always gives satisfaction is about this: I make black cohosh the basis. For pain in head and over the eye, add *rhus tox.* For that of the neck add *sticta pul.* For that in crest of ilium, in the eyes, small joints, chest, in short, any of the white tissues, add *bryonia*.

It is always well to look to the kidneys, particularly in stubborn cases. I often see indication for the exhibition of acetate of potash. But many cases will not yield to any great extent until the digestion is improved. The treatment here needs to be rational and appropriate to each individual case. I will leave that as a subject for another paper. I want to add but one more word: Give medicine in small doses.

Continuing the subject of muscular rheumatism, on the complication of a disordered digestion, which will almost always be found to be more or less present, my remarks as to the treatment of this variety will apply, with little modification, to most of those stomach and bowel troubles that fall under the protean head of dyspepsia.

Most likely there will be found present a disagreeable sensa-

tion across the abdomen, associated with some constipation, perhaps alternating with diarrhea, and a variable appetite, usually rather poor. The remedy is *nux vomica*. If there is a yellowish discoloration of the skin, sulphur will rectify both the visible and invisible wrong. For flatulence, we have bismuth, ginger and alum, and probably the best, *hyosciamus* and *capsicum*. Where there is dizziness of the head on quickly rising to an erect position, never neglect to give *hyosciamus*. I want to accentuate the fact that the latter-named substance will be found beneficial in a larger number of digestive troubles than any other drug that I ever used.

The tug of war will be to overcome the inertia of the colon; for most of the cases of indigestion that one meets, have been abused by long use of cathartics. There ought to be nihilists in medicine, as well as in politics, to destroy the whole list of cathartics. I leave this point as a problem for each one of my readers to solve for himself. Certainly I have not solved it to my own satisfaction.

Every eclectic knows, or should know, the tonic and unirritating properties of *hydrastis*; but it does not seem to me that everyone knows the virtues of *aletris farinosa*. This is a substance that I have never yet regretted giving, but have often regretted not having given it. *Dioscorea* is the remedy for trouble in the small intestine, attended by pain other than that caused by flatulence or inflammation.

I wish to call attention to a pain, deep, heavy and somewhat paroxysmal, that may be traced as rising from the stomach up as high as the heart, generally confined to the left side. It is caused by acidity of the stomach, and is relieved by:

R Carb. potassium, grs. xx, vel. xxx.
Pulvis rhei., grs. x.
Paregoric, ʒj.
Aqua, ʒji.

M. Sig.—Dose teaspoonful after meals.

I have not designed this paper to be an exhaustive treatise on dyspepsia, but have merely intended to convey some hints from my own practice that will perhaps aid the young practitioner in

some case that may puzzle him. Everyone has access to books that exhaustively treat that subject; though I have found that few, if any, treat it definitely. And in closing I wish to record my disgust at the loose way in which this subject, and some others, are treated in the text-books. A person will learn more from three months' clinical observation, than from all the books ever written on the subject of indigestion. And I want further to record my protest against the innumerable purgative pills and potions prescribed.

SELECTIONS.

CHLORAL—IS THE DRUG PERILOUS OR EXTRA- HAZARDOUS TO ADMINISTER AS A REMEDY?

IN an editorial which appeared in the January issue of the *Journal*, under the head of "Therapeutic Indications," I remarked incidentally that "if a patient suffered from deep-seated pains, and the cause could not be ascertained, let a dose or two of chloral be administered, for an anodyne is indicated."

At the time I ventured the remark I was aware that morphia was a more efficient anodyne, but the latter agent is more likely to choke the emunctories of the body, and not so likely to favor refreshing sleep. It was presumed that the cause of the pain was not known—that agony alone was to be assuaged; a pain alleviator was in demand—was in fact *indicated*. Now, this assumption was so ruthlessly attacked by the esteemed editor of the *Journal* that our readers would naturally desire to have the subject more thoroughly canvassed. I have always invited criticism, and when shown to be in error I hasten to correct myself. The fault I find with my worthy colleague is that he did not treat me with the courtesy he would expect from others. We have been in the study, practice, and teaching of medicine about the same length of time, and with about the same opportunities to observe and to learn. I concede that he has labored in a somewhat different field of professional culture, but I must have had as frequent opportunities to test the action of chloral and opiates as he could possibly enjoy.

In the February issue the editor, under the head of "Killed by Chloral," charges the death of a student to my dangerous teachings. It seems from his report that the patient was typhoidal—had taken aconite, baptisia, and "small doses of chloral," and then he rather suddenly died. I did not see the sick man, therefore I cannot speak very convincingly in regard to the taking off. I can simply express a doubt in regard to the conclusions drawn. Typhoidal patients die very mysteriously sometimes; they die without a rational cause. Thousands of patients, sick with a multiplicity of diseases, take chloral every day, and do not die, nor do they exhibit any evil effects of the medicine. I am aware that newspaper men are in the habit of ascribing to chloral, if any has been taken, the death of every moribund creature in the land; they persist in calling the cause "another case of chloral," though a necropsy demonstrate that alcoholism or a fatty heart wrought the vital overthrow. In this stereotyped error they remind one of the story Beecher once told to illustrate the repeated newspaper assertions that Fremont was a Catholic, after the Pathfinder had taken an oath that he was not a churchman of any kind. At the old Beecher homestead there was a fine Newfoundland dog—Noble by name—who always made a great fuss when the family carriage was brought out, running and barking up and down the road. One day the rollicking canine chased a squirrel into a hole in a fence-rail, and made an unusual demonstration. He would make his friends believe he had treed a catamount. And for years afterwards Noble would, every time he passed the spot, turn out of the road and bark a few times at the empty hole!

Professor Scudder is inclined to refer to the death of one of Cincinnati's honored citizens, ascribing the death to chloral. I was called to the dying man from the fact that I lived near the startled family. I found the victim of disease or medicine in a death struggle; he was gasping for breath and throwing his arms about; his skin was pallid and dusky, as if the blood was imperfectly aerated, and the heart was beating irregularly. The general appearance of the dying man was that of death from cardiac paresis—of enlargement of the right side of the heart. In the

room was a chloral mixture from which a teaspoonful had been taken by Mr. Starbuck upon retiring at night; death occurred between four and five o'clock in the morning. The same dose had been swallowed on several preceding nights; the medicine had been prescribed for insomnia. The dying expression was almost identical with that I afterwards witnessed in the features of another distinguished citizen—John Shillito—and still afterwards in the face of Philip Hinkle—all three overworked, and about the same age when they expired. The same dusky hue in the countenances of all, and the same cardiac hypertrophy and paresis. The last two took no chloral, but alcoholic stimulants. I have seen several other deaths which presented the same well-known features—those of worn-out men. To ascribe such deaths to something previously swallowed, as drink, food or medicine, would be most illogical, and in keeping with "Tenderden steeple being the cause of Goodwin Sands." Opinions tortured to fit a case are of the value of the words of a "swift witness."

In writing this article I have not in view a controversy; I simply desire to contribute a mite in the way of establishing whether chloral is a dangerous drug to prescribe in certain sized doses, and in a variety of morbid conditions, the discrimination against the effects of the drug being cardiac paresis and hypertrophy of the right or venous side of the heart, the outward features of such feebleness being a pallid and dusky skin.

It seems to me my learned associate exhibited more zeal than wisdom when he penned "Responsibility of Teaching." I presume I have thought of such things as often and as conscientiously as he has. He is aware that responsibility in teaching extends in several directions. It must be considered that if a graduate go out with such an unwarranted fear of chloral that he will have nothing to do with it, he will not be able to hold a troublesome case of insomnia; a competitor will succeed him. As a hypnotic, chloral has not an equal; and eclectics who are ambitious to be at the front ought to know it; the experienced among us knew the fact long ago. In a wide range of interviews yearly held with fellow-practitioners, I rarely fail to ask for experiences with chloral as an anodyne and as a hypnotic; and

almost the uniform reply is that the drug is valuable, and generally safe. One out of the multitude said, "I never carry chloral; I am afraid of it; I was taught to steer clear of it." He reminded me of the raw recruit who refused to take a musket and drill, saying, "I have been afraid of a gun without lock, stock, or barrel, ever since my father licked me with the ram-rod."

The hydrate of chloral is not like most medicines in the *materia medica*—impotent of evil—whether prescribed in large or small doses. What difference does it make whether we administer a drop or a teaspoonful of the average tincture in stock? But it is quite different with potent agents—with arsenic, nux, veratrum, and chloral, though the latter has repeatedly been administered in one and two-drachm doses. It is not always the size of the dose which is to govern our hand, but effects admonish. When chloral hydrate is prescribed to relieve pain, a dose of ten grains may be repeated every half hour until comfort is secured. If the stomach rebel, nausea and emesis coming on warm water should be drunk till the irritable organ has been evacuated. After the stomach is cleared of foul ingesta, the chloral will be tolerated. A bad state of the stomach contraindicates any kind of medicine except emetics. If there be syncope, with rapid and feeble pulse, fluttering or unsteady heart, a dusky pallor upon the face, coldness of the hands—a state of asphyxia through paresis of the heart and lungs, is impending; therefore the chest should be slapped with the open hand, the blows being heavy and oft-repeated to maintain artificial respiration for a few minutes, or until the dead point of danger is passed. I have resuscitated patients quite overcome by the lethal effects of chloroform in dozens of instances, losing none thus far. The lethal effects of too much chloral are to be managed in the same way.

While estimating the dangers of chloral, it must be considered that the drug is often administered in perilous states, as of asthma, hiccough, convulsive paroxysms, delirium tremens, etc., therefore it would not be just and rational to ascribe every evil effect to the medicine. In holding an inquest, let every accident be duly weighed; let the accused have the benefit of a doubt. If a suicide has swallowed strychnia, and a doctor has admin-

istered chloral to relieve the convulsive movements, it would be unfair to ascribe death to the prescription. If a woman is dying with puerperal eclampsia, and an enema of chloral be thrown into the rectum, let death, in the event it occurs, be ascribed to the disease, and not to the medicine.

As a hypnotic, chloral, as before stated, stands unrivaled; in fact, the effects of the remedy in cases of insomnia are so certain and comparatively harmless, that it seems to be useless reiteration to cite additional evidence. For this purpose the drug is administered in doses enormously large—in quantities reaching from sixty to one hundred and twenty grains—no ill effects succeeding. It is common among physicians to mix bromide of potassium with chloral to combine the somnolent action of both drugs.

It is my intention at this time to name the painful and pathological states which call for chloral, and incidentally name painful conditions which do not indicate the use of the drug. Quite lately I was called to prescribe for a lady who had suffered from violent headache for several days. Pulse normal, heat the same, tongue clean, and secretions not appreciably disturbed. She had been taking chloral to mitigate the pain, and declared the medicine made her distress worse and worse. After questioning her for some time I remarked, "Your disease is malarial in nature, and you must take forty-five grains of quinine within as many hours." At the end of two days I found her quite free from pain, and well satisfied, though her ears buzzed, and she had for the time impaired hearing. Medicines frequently do some harm, as well as much good. Well, the case mentioned will illustrate a morbid condition in which chloral is not called for—is contraindicated. Now for a case of *angina pectoris*—pain in the chest—what is the true pathological condition? Nobody can tell—may be neuralgia of the heart or lungs, or of both; may be pleurisy, or spasm of the diaphragm. Shall chloral be administered? Better give a hypodermic injection of morphia, or repeated draughts of warm water. Possibly calamus, or any other stomachic, would remove flatulence, and thereby put an end to the *angina pectoris*. If there were no dusky pallor about the face, neck and chest, I should not hesitate to prescribe chloral.

Again, here is a man with all the horrors of delirium tremens. What is to be done for him? Wash out the stomach with draughts of warm water, then administer twenty to forty grains of chloral till sleep is produced. A too profound or prolonged sleep is to be overcome with slappings. There may be danger in the process of cure, but there is more from the disease. When we administer chloroform to assuage the pangs of an amputation, danger from the effects of the anæsthetic is incurred; yet we live in a world of danger, and often run into one to avoid or mitigate another. Absolute safety is not for the living.

A woman is in the midst of puerperal convulsions. What is to be done for her? Administer large doses of chloral, and if that will not overcome the paroxysmal state, try chloroform by inhalation and hypodermic injection. If an infant be spasmodic, and no cause for the state be known, small doses of chloral will be in order. Remove the cause, if possible, but if it be not known, think of the action of chloral upon paroxysmal conditions.

There is a case of tetanus, or a tetanoid state—what is to be done? The cause—a sliver in the hand—has been removed, yet the spastic state remains—what remedy is indicated? An anti-spasmodic? Certainly—give chloral. If it do not cure it will do no harm, and is in the line of cure.

A patient has hiccough—what remedy is indicated? Once I would have mentioned lime juice, but since I have known it to fail, and chloral to succeed in arresting the diaphragmatic spasm in an obstinate case, I think the agent is inestimable in that dangerous and distressing disease.

In the early stages of croup, the best remedy is chloral. Put an onion poultice on the neck, and prescribe two grains of chloral every half hour till the symptoms are alleviated—till no medicine is needed. I have succeeded in so many instances that I no longer dread to be called early in the disease. The later and most aggravated symptoms may require surgical interference.

In annoying paroxysms of asthma chloral has a place—is “indicated.” The drug may not perform miracles, but behaves charmingly in the majority of instances. We usually make a combination with cocaine in asthmatic difficulties. In the event

of great vital depression, with a dusky hue, it would be prudent to compare the known effects of the medicine with the morbid state to be influenced. In other words, experience has taught us to be cautious.

In the sleepless excitement of mania chloral in large doses is the remedy of all others. Give it often till the raving maniac sleeps. In puerperal mania chloral is worth more than all other remedies to restrain the nervous excitement. The effect is both soporific and anæsthetic. However, the pain of a broken or dislocated limb is not to be allayed with chloral, but with an opiate. Chloral is a feeble anodyne in comparison with morphia. However, a patient harassed with pain may be made to sleep with large doses of chloral.

It is alleged that seasickness and the sickness of pregnancy are cured by chloral, yet I have not found the allegation to be true. In occasional cases or peculiar constitutions, the claimed relief may be obtained, yet we are not dealing with idiosyncrasies.

Chloral is worth something in whooping-cough; it lessens the force and frequency of the paroxysms; yet it does not accomplish as much as might be expected of it, considering what it does in other spasmodic states.

In approaching a conclusion of what I have to say about the therapeutic value of chloral hydrate, I do not pretend to know more than other practitioners in active professional life. As I am disinclined to give much weight to the unsupported *ipse dixit* of any man, so I would not presume to ask the readers of the *Journal* to give credence to unbacked evidence of mine; therefore I append several letters which were written as answers to a few questions sent out by me on the 15th of February. The notes were not all worded alike, but the following is fairly a sample:—

DR. ——— —*Dear Sir:* There being some question whether chloral hydrate be perilous, or an extra-hazardous anodyne or hypnotic to prescribe in the practice of medicine, I respectfully request you to state in brief your *experience* with the action of the drug. In what doses do you administer it?

Very respectfully, etc.

In addressing these letters of inquiry I selected representative practitioners in this vicinity—men of candor, integrity, and great experience. They are of different schools of medical practice, but their opinions ought not to be held in less esteem on that account.

COLLEG HILL, O., 2—15—1888.

“DR. A. J. HOWE—*Dear Sir*: In your letter to-day you ask if I regard chloral as an extra-hazardous drug to prescribe as a hypnotic, or even as an anodyne in neuralgic states. Answer: I do not.

“You ask me to name the size of dose that I regard as measurably harmless or perilous. Answer: Ordinary dose from fifteen to twenty grains, well diluted; and should not regard sixty grains as perilous, except in cases of intolerance of idiosyncratic nature. I often order repetition of a twenty-grain dose in thirty minutes after the first dose, my rule being to produce desired results without regard to quantity required, after having tested the tolerance of patient by experimental minimum doses.

“Yours truly, O. EVERTS, M. D.,
“*Supt. Cincinnati Sanitarium.*”

“CINCINNATI, February 15, 1888.

“DR. HOWE—*Dear Sir*: I prescribe chloral hydrate very often, and with the object of securing sleep in cases of insomnia. I also use the drug in cases of delirium tremens. I usually combine chloral with bromide of potassium. The following is a favorite recipe:—

R Chloral hydrate, ʒj to ʒij.
Bromide potassium, ʒss.
Simple syrup, f ʒj.
Peppermint water, f ʒiij.

“M. Sig.—Dose, half tablespoonful, repeated every two or three hours while not able to sleep. In the call for the least chloral, only three or four grains are embraced in a dose; and when the largest amount named, there will be six or seven grains to the half tablespoonful of the mixture. I regard these as moderate doses, especially as the books call for 20 grains.

"A small proportion of patients cannot take the drug without becoming excited—the medicine does not act kindly; but in a very large proportion of cases for which I have prescribed chloral hydrate, the results have been satisfactory. Yours very truly,

"JOHN DAVIS, M. D."

(Dr. Davis is one of the best known of the practicing physicians of Cincinnati.)

"CINCINNATI, February 23, 1888.

"A. J. HOWE, M. D.—*Dear Sir:* In reply to your note of 15th inst., I have to say that I regard chloral hydrate as a very reliable and valuable 'hypnotic,' but I have little confidence in it as an 'anodyne.' I do not look upon it as a medicine of dangerous properties, when used by an intelligent physician, and I should not think it unsafe in doses up to 40 grains. Respectfully,

"W. H. TAYLOR, M. D."

(Dr. Taylor is Professor of Obstetrics in the Miami Medical College.)

"NEWPORT, Ky., February 16, 1888.

"PROFESSOR HOWE—*My Dear Doctor:* In reply to yours of the 15th inst., I take pleasure in saying that I have used chloral quite extensively, and think it a very valuable remedy. It is quite safe *except when contra-indicated by vital depression*. I have prescribed the medicine in hundreds of cases, yet have never seen any bad results from it. In spasmodic troubles I generally employ the agent with the happiest effects. I administer the antispasmodic to quite young children, and even to those advanced in life. In acute mania I know of no remedy equal to it as a hypnotic; but where sleeplessness results from pain it is inferior to opium. If insomnia be the result of excitement, chloral acts infinitely better than any of the opiates.

"I hope in this brief note to have imparted the information you desired. Very respectfully, J. F. LOCKE, M. D."

"P. S. I forgot to say that I give to an adult from five to twenty grains of chloral, and generally in combination with the same amount of bromide of potash. J. F. L."

(The readers of the *Journal* ask for no higher authority.)

"COLUMBUS, O., February 20, 1888.

"PROF. A. J. HOWE—*Dear Sir:* Your letter received, and in reply will say that I have used hydrate chloral for many years, and have never had any bad effects from it. I use it in from ten to forty grain doses, and in a case of tetanus I gave sixty grains morning and evening with good results. When the heart is feeble paraldehyde seems the safer. If I give chloral in such a case, I combine the drug with whisky. When I came here I asked Dr. Stocton (who had been assistant physician for eight years) what had been his experience with chloral. His reply was, in substance, that in his term of office he had not seen a death from chloral, though in two cases resort was had to artificial respiration; but as the remedy is used every day to large numbers of patients, no fear is entertained unless the pulse is very weak. I believe a small dose given in combination with an alkali is more dangerous than a large dose administered alone. However, this may be merely conjecture. Yours very truly,

"BISHOP McMILLAN, M. D.

"*Asst. Supt. Columbus Asylum for the Insane.*"

"SPRINGFIELD, O., February 20, 1888.

"DR. A. J. HOWE—*Dear Sir:* In reply to yours of the 15th, I would say that I have used chloral for years in nearly every phase of disease where pain, delirium, and sleeplessness were factors, and in no instance could death or ill consequence be attributed to the medicine. I prescribe the drug in doses ranging from five to thirty grains, varying as age and circumstances dictate. I doubt whether chloral is as dangerous as writers upon materia medica would have us believe. A patient about to die from disease should not be accounted as the victim of an innocent drug that may have been administered just before the fatal collapse. Very respectfully, L. E. RUSSELL, M. D."

"URBANA, O., February 18, 1888.

"DR. A. J. HOWE—*Dear Sir:* In answer to yours of the 15th, would say that my experience with chloral has been somewhat extensive, but have always depended upon small doses—from five

to ten grains, repeated every half hour to hour. If any weakness of the heart's action be observed, I combine the chloral with stimulants, and always thus in asthma. When administered as a hypnotic I choose the smaller dose, and combine with morphia. As an anodyne I give ten grains of chloral with an eighth or tenth of a grain of morphia, and repeat until the desired effect is produced. I have never observed bad results from chloral. Should not hesitate to prescribe from 25 to 30 grains at night to secure sleep. Very respectfully, J. C. BUTCHER, M. D."

"ALEXANDRIA, O., 2—17—1888.

"A. J. HOWE, M. D.—*Dear Doctor:* Your favor of the 15th at hand. As an anodyne morphia is superior to chloral, but the opiates are constipating, render sluggish the secretions, and their effects last longer than desirable on many occasions. In diseases of the brain and of the lungs and heart, I do not like the influence of opium. Chloral acts much better. In the distressing dyspnoea of asthma chloral is often a charming remedy. As an active hypnotic, I believe it to be the best remedy in the materia medica. Indeed, I know of nothing which will favorably compare with it in promptness and certainty of action. Its effect is so nearly like that of normal sleep that the patient awakens refreshed and rested, and without the nausea and headache often following the action of other hypnotics. You ask if the drug is safe. I have given it to babes a few weeks old, and to persons over ninety; to women in pregnant and parturient states; in doses of a single grain and those of sixty or eighty grains, and never saw an alarming symptom. There are, no doubt, idiosyncrasies which will not tolerate chloral, but I have never struck one. I would not give the agent when there was evidence of a feeble or failing heart. The remedy is an excellent one, and it is being abused without cause. Most respectfully,

"D. WILLIAMS, M. D."

"CINCINNATI, February 27, 1888.

"MY DEAR DOCTOR: I have been too sick to do any literary work. Very briefly, however, I answer that I have found chloral a safe

and satisfactory hypnotic. I prescribe it in from ten to twenty grain doses. I have also found it, in very small doses, two to five grains, to answer admirably in allaying senile bronchial cough. I have never witnessed the danger symptoms attributed to it by writers. Yours truly, THAD. A. REAMY, M. D."

(Prof. Reamy is one of the best known medical men in America.)

"CINCINNATI, February 29, 1888.

"DEAR DOCTOR HOWE: My principal experience with hydrate of chloral has been as a hypnotic. In cases of senile wakefulness, without pain or any kind of suffering, and in cases of dementia attending acute febrile states, and in chronic diseases attended with hectic fever and dementia, and also in puerperal mania, I have used chloral with the greatest success. As to dose, I was at first guided by the statements and opinions of other physicians, as well as by writers upon materia medica; but I soon learned that in order to attain the very best results, I must give the drug to the point of tolerance, which I found to be an individual matter. I have obtained the same results in one patient from twenty grains that would require in another as high as from one hundred and eighty to two hundred grains, and that amount continued for even weeks as a nightly dose without an untoward symptom; and I have never seen any dangerous symptoms arise while I was giving the remedy that could in any way be traced or attributed to the use of the lethal agent. Of course I never give the drug to a patient I know to have organic heart disease, or where I have good reason to suspect such a lesion to exist.

"Very respectfully yours, T. C. BRADFORD, M. D."

Dr. Williams is President of the Ohio State Eclectic Medical Society, and Drs. Russell and Butcher have attained enviable reputations in their fields of professional labor. Dr. Bradford does the most lucrative practice of any physician in the city.—A. J. Howe, M. D., in *Eclectic Medical Journal*.

THE ABUSE OF ELECTRICITY.

THE importance of electrical therapeutics is meeting now, after long delay, with proper recognition from our medical colleges. No student is graduated to-day without some knowledge of this branch of medicine, though few acquire it to the degree of proficiency. This is, perhaps, more the fault of the student than the instructor. Electro-therapeutics seem so simple, when considered superficially (which is the way they are considered by most medical tyros), that very little time is given to the study of the subject. Many fancy that there is nothing to be done but start the current and apply the electrodes; that electricity can't do any harm if it don't do any good, and that its systematic application is mere ceremony. It is this lack of knowledge that begets lack of faith, both in the patient and operator. The careless use of the battery, the ignorant application of galvanic and faradic currents *ad libitum*, not only fails signally, but may produce genuinely deleterious effects. It is a great misfortune that the advertising of electricity as a cure-all has thrown discredit on electro-therapeutics, which have been branded, therefore, to some extent as a kind of quackery. This is even more so with magnetism. Very often we find people opposed to the use of electricity. They have tried it, they say, and it has done them no good. Investigation generally shows that such patients have worn some of the so-called electrical apparatus or clothing, have used electric hair-brushes, or worn "Voltaic medals," which, of course, have nothing to do with electricity, and are not of as much use as a liver-pad. Occasionally, we come across some who have really tried a battery, but it has, perhaps, been the wrong current, applied too strong or too weak, and generally in the wrong place altogether. It is a great pity that it is possible for people to trifle with such a valuable therapeutic agent as electricity, which is often brought by pure ignorance into undeserved disrepute. But it is not only the unprofessional experimenters who err in this way. Many older or less progressive practitioners, who hear the merits of electricity noised abroad, invoke its agency without understanding properly the

mode or theory of its application. They had not, as students, any opportunity of studying electro-therapeutics, then in its infancy; and latterly, as physicians, they have not appreciated the importance of the subject sufficiently to give it due attention. It is in this way that the usefulness of a great remedial agent is hindered and perverted.—*Editorial in Medical Register.*

COCAINE IN URETHRAL SURGERY.

THE recent advancements in urethral surgery are so replete that it seems but little remains to be added. But recently the Otis method for the radical cure of urethral strictures has so forcibly demonstrated its claims that no surgeon now fails to appreciate the value of this generous investigator's contributions to science. And as an adjunct to the treatment of urethral strictures, Newman's electrolytic system should not be ignored.

Upon careful consideration of the following observations we cannot fail to appreciate the fact that cocaine anæsthesia is destined to play an important part in urethral surgery. In the spring of 1885 I became convinced that cocaine was the anæsthetic, *par excellence*, in urethral surgery, and have since studied its effects, being assured that by its employment quite an advantage would be gained in this special branch.

Before entering upon the treatment of any case, there is nothing that fortifies the surgeon more than a clear diagnosis with a full comprehension of the existing pathological condition. In gaining these advantages we must commend cocaine anæsthesia loudly.

A case of suspected urethral stricture is presented; the history is taken, parts examined casually, the proper examination of the urine had. Now it remains to devise our diagnosis and pathological changes, which not only necessitate an exploration of the canal with the proper instruments, but also an inspection must be had to fully reach our conclusions.

The exquisitely sensitive condition of the urethra that is invariably found to exist with urethral stricture precludes the possibility of making a satisfactory exploration, unless an anæsthetic

be used, or we recklessly defy shock, or see the patient for the last time, who justly should become indignant at the unnecessary amount of suffering inflicted. The advantage of cocaine over general anæsthesia to gain the diagnosis and pathology, both to physician and patient, is too patent to give in detail. But the very fact that a patient can be fortified by the knowledge that he will undergo a thorough investigation without pain, the dangers of urethral shock, or be deterred from pursuing immediately his avocation, and without any of the dangers of general anæsthesia, and that he will be thoroughly conscious of all that is going on, must serve to produce a mental effect that affords the surgeon no little advantage.

I have taken special pains in observing the effects of cocaine in preventing *urethral shock*. By the term urethral shock, I would be understood as referring to the constitutional disturbance that we have found to follow the introduction of instruments in the urethral canal, manifested by rigors with its *sequellæ*, a condition that we have learned to dread in urethral surgery. Herein cocaine has never disappointed my most sanguine expectations.

Within the last three years, under the anæsthetic influence of cocaine, I have performed seventy-four internal urethrotomies for the radical cure of strictures, besides frequently introducing sounds and the urethra meter without encountering a single case of urethral shock. This experience must establish a claim for cocaine that will command special attention. I hold that ere-long, he who would have to make an exploration of either the urethra or bladder, without first gaining the anæsthetic effects of cocaine, would be regarded culpable of great neglect should shock occur.

I cite the following case to illustrate the properties of cocaine in preventing urethral shock: Mr. J. applied for treatment of an obstinate gleet, that I thought due to a stricture. My preparations were made for a retro-injection, when the patient remonstrated, stating that if I introduced the instrument he would surely have a severe chill, etc., from which he nearly lost his life in a former treatment. I prevailed upon him to permit me to carry out my purpose, as the instrument was not of sufficient size

to put the urethra on a stretch, it being a tube of only 16 mm. circumference, nor was the injecting fluid irritating. A few hours after, much to my chagrin, I was summoned to my patient to find him with a temperature of 105° Fahr., and a history of a severe rigor. *I had not used cocaine.* The gravity of this disturbance from so slight a cause awakened in me a keen appreciation for cocaine in controlling urethral shock. Having regained the confidence of this patient, who, fortunately, was a gentleman of intelligence, by assuring him that I had a means of preventing the much dreaded shock, I administered an injection of ten per cent of cocaine, and under its influence made a full and satisfactory exploration of his urethra without any manifestation of shock recurring. Here we see a case predisposed to shock suffer severely from an inconsiderate interference, whereas, under cocaine, a much more extended and repeated exploration of urethra produced no untoward symptoms.

Again, an interesting case of reflex neuroses, due to urethral irritation, that simulated intermittent malarial fever, reported in the last November number of the *New York Medical Record*, the use of cocaine not only contributed to the diagnosis, but also manifested its powers in preventing urethral shock in a case markedly predisposed. My first examination without, resulted in a constitutional disturbance, whereas, under cocaine, the urethra meter was used and internal urethrotomy performed. No disturbance again.

The antiphlogistic property of cocaine is another impression of this drug that should influence our preference for this anæsthetic in urethral surgery

That internal urethrotomy has been, to a marked degree, simplified, and this operation enhanced by its use, both to the surgeon and patient, does not admit of cavil. The majority of my operations were made without the aid of a single assistant. Owing to the hæmostatic effects of *the drug* the hemorrhages following the incisions have proven but slight. Patients experience so little disturbance from an internal urethrotomy under cocaine, that it is difficult for them to realize that an operation has been performed of any consequence. With most of my cases I have not found it necessary to confine them to bed.

The method adopted in gaining cocaine anæsthesia in the urethra: First, irrigate with about one quart of warm antiseptic solution; this seems to cleanse the canal of all mucus, besides gaining the antiseptic advantages ere incising a stricture. Should the introduction of the irrigating tube produce pain, it is safe to inject a solution of cocaine as the first step. Then the irrigation is followed by an injection of about twenty minims of a ten per cent solution of cocaine, retained in the canal about fifteen minutes, which is generally found time sufficient to gain the desired effects. Should there be any sensibility still existing I renew the cocaine injection. By this method I have never failed to gain satisfactory anæsthesia. The nature of the mucous membrane of the urethra seems to contribute to the susceptibility of these parts to the influence of the drug. When there is a state of granular urethritis existing, that is clearly manifested by an inspection, the patient is instructed to inject a ten per cent solution of cocaine on voiding his urine during the following twenty-four hours; this insures freedom from pain that has been found to be so severe that the party loathed further interference.

A very unique case wherein cocaine played an important part in deriving the diagnosis, pathology and successful treatment I wish to add: Mr. M. consulted me in September, 1887. His history and examination of urine would have led me to suspect urethral stricture. Under cocaine the urethra meter gave negative results. My urethral speculum was then introduced, and by the aid of a hand mirror a thorough inspection of the first four inches of the canal gained. This plainly revealed the cause of the disturbance in a small wart growing from the superior surface, two inches from meatus, that by its presence had established a granular urethritis. The cocaine anæsthesia being perfect, it was an easy matter through the fenestrum of the speculum to remove the growth with a Wilde's snare, and treat the urethritis. This treatment accomplished all that could be desired.

Much satisfactory information is to be gained by ocular inspection of the urethra, which can easily be done by means of the fenestrated bivalve urethral speculum that I devised two years since. I claim this as a recent advancement in urethral surgery

of some importance, wherein cocaine anæsthesia aids us. Upon this point Prof. F. N. Otis has written that valuable aid has been gained in his recent investigations by a satisfactory inspection of the urethra.

In making a resume of the claims that cocaine has made in the advancement of urethral surgery, we find:—

1. Its psychical effects.
2. Its valuable aid in obtaining a clear diagnosis and the true pathology.
3. Its prevention of urethral shock.
4. Its antiphlogistic effects.
5. Its hæmostatic effects.
6. The great degree that it has simplified internal urethrotomy.
7. Enabling an easy and satisfactory inspection of the urethra throughout its first four inches.—*A. F. Sampson, M. D., in Daniel's Medical Journal.*

TASTELESS PREPARATIONS OF CASCARA SAGRADA (RHAMNUS PURSHIANA).

RECENT investigation of the constituents of cascara sagrada has led to the discovery of new principles and facts of great importance pharmaceutically and therapeutically.

The chief objection to cascara sagrada heretofore has been its inherent bitterness. In the light of recent researches, tasteless preparations of this drug highly efficacious medicinally are now to be had.

These discoveries mark a distinct advance in pharmacal attainment and in the therapeutics of chronic constipation, since this remedy can now be much more generally and persistently administered, and its well-known tonic laxative action obtained without the drawbacks which seemed formerly inseparable from its employment.

The facts disclosed concerning this remedy deserve more than a passing notice, especially since they indicate the existence of principles and modes of action extending far beyond the subject indicated, and are well worth the close attention of the thought-

ful and scientific physician. A valuable contribution to the knowledge of the chemical constitution of this drug appeared in the *American Journal of Pharmacy*, for February, 1888, which makes it possible not only to obtain a true interpretation of the various clinical observations, but clears up apparent anomalies, and also indicates the reasons for observed effects, which have lately been disputed, but now admit of no further question or misunderstanding.

Among the discoveries referred to in this valuable paper, of especial interest to the physician, is the influence of a class of vegetable ferments and their recognition as the causes of various abnormal conditions, such as colic, vomiting, nausea, diarrhea and dysentery, which occasionally attend the administration of certain drugs.

It appears that frangula bark, when fresh, contains such a ferment in excessive quantities, and is, therefore, unfit for use until the ferment has exhausted itself—the process usually occupying several years. It also appears that cascara contains some of this principle, and this fact will account for the occasional untoward effects of the drug, which have been observed as consequent on the employment of a number of its preparations heretofore in the market. These effects are, therefore, not due, as has been supposed, to any idiosyncrasy on the part of the patient, or to the laxative or tonic constituents of the bark itself, but to a distinct objectionable principle, which, once recognized, can be rendered inoperative and harmless.

It has been reserved for Parke, Davis & Co., through their exhaustive investigations, to be the first to clearly recognize the principles involved, and by the application of such intelligent comprehension, to formulate and adopt correct pharmaceutical processes and thus overcome all the difficulties heretofore existing. As a result of their investigations, they now offer to the medical profession a fluid extract, a solid extract, and also a concentration, all of which (designated as "Formula of 1887") exhibit only the desirable laxative and tonic properties, and being free from this ferment, are incapable of producing griping, nausea or any of the mal-effects above enumerated.

It appears that these ferments are distributed through a large number of vegetable substances, being not confined to unripe fruits only, but can also exist in the root, bark, leaf or even in vegetable extracts, of which we have illustrations in various juices, liquid or inspissated. Of this latter class aloes will serve for an example. A familiar illustration of an unaltered vegetable would be the cucumber, the green apple (familiar to the school-boy), and unripe fruit generally. In the case of the cucumber, experience has taught the means of removing this ferment by dialysis or osmosis. We sprinkle salt over it or surround it with a strong brine, which provokes an outward flow of the fluid containing the ferment, with the result that the ferment is to a large extent removed, and thus rendered incapable of producing the same conditions in the stomach, for which it was intended in the plant; that is, the creation of vegetable acids from other material previously existing, in the same manner that pepsin, likewise an unorganized and soluble ferment, provokes the solution of fibrin and albumen, forming peptone, or as diastase is capable of effecting the transformation of starch into soluble glucose and dextrin, both new bodies.

That these ferments all bear a direct quantitative proportion to the results accomplished, has been practically recognized. We are promised a satisfactory indication of the sources of the acids formed in the plant, which will enable us to corroborate the statements that identical processes go on in the stomach when the ferment is permitted to exert its action there.

The physiological tests now being conducted at the laboratory of Parke, Davis & Co., with the different principles contained in the plant, cannot fail to demonstrate finally not only the superiority of cascara itself, to its former supposed competitor, frangula, but also its comparative value as a laxative.

To physicians desiring fuller information concerning the discoveries made, a reprint of the article from the *American Journal of Pharmacy* and a working bulletin descriptive of this drug will be mailed by Parke, Davis & Co. free, on request.

CORRESPONDENCE.

PHILADELPHIA, March 10, 1888.

DEAR DOCTOR AND FELLOW EDITOR: You may have noticed the discussion in the *Medical World* relative to the substitution of the Greek letter delta (Δ) for the present dram sign (\mathfrak{D}) in prescription writing. Please notice particularly an article in our editorial columns, page 42 of the February *World*, 1888. A very large number of our readers have written to us favoring such a change; others, however, have expressed themselves as opposed to any change; yet we believe that if carefully and thoroughly established it would be welcomed by the entire profession. We should be glad to hear your views on the subject. Do you indorse such a movement? If so, will you aid, through your journal, in carrying it into effect?

Please notice the stand we have maintained for the past year in regard to the use of diphthongs, discarding them altogether except in the formation of the genitive singular and nominative plural of Latin nouns of the first declension. We have it in our power to make many needed reforms, if we are prudent about it, being careful not to step too far at one time, and coöperating together.

We will watch your columns carefully to see what you may have to say concerning the above, and would also welcome any personal expressions by private letter.

Very cordially yours, C. F. TAYLOR.

565 ORANGE STREET, NEWARK, N. J., April 4, 1888.

PROF. JOHN FEARN, M. D.: The CALIFORNIA MEDICAL JOURNAL has just been received, and I have read with much pleasure your paper on small-pox, and your declaration that you belong to God's noble Spartan band of anti-vaccinators. I hasten, therefore, to offer you the right hand of fellowship. I trust that you will mail a copy of this number of your JOURNAL to William Tebb, 7 Albert Road, Regent's Park, London.

I have no doubt that small-pox, measles, scarlatina, and other exanthemata originate *de novo*, in the utter absence of contagium. Of the number, small-pox is probably least liable to be transmitted to other persons—scarlatina and its worst form, diphtheria, the most. They doubtless all have one common parent in the human body, but a diverse one in the epidemic influence outside. What we call erysipelas is the basic disorder, and these are modifications.

When you declare the dangerous forms of the disease to be due to the patient's condition, and not to contagion more or less intensified, you are perfectly right. In regard to treatment, I do not disagree essentially with you. But I agree with Dr. Carl Spinzig, of St. Louis, that uric acid constitutes the *materies morbi*, and hence to neutralize or eliminate it is the objective point at which the physician must aim. The acid of fruits seems to be excellent. A physician of Ironton, Ohio, cured himself in thirty-six hours of confluent small-pox by use of lemon juice a little diluted, and I have noted and cited a prescription in a Liverpool paper, of cream of tartar dissolved in hot water. As a rule, there is too much medication and too little attention given to the cleanliness and tone of the skin. Your proposed method of treatment is by no means open to that criticism, and I would not hesitate to accept it, if I should be the patient. But ozone, chlorine, sulphur, and, of course, pure air, will neutralize the contagion of all the exanthemata, only let enough be used. In plain speech, ventilate.

The fact that vaccination does not prevent contracting of small-pox is patent to every candid and intelligent observer. A brother doctor in Brooklyn told me of a lady "thoroughly vaccinated" and sick in consequence, who took small-pox in less than two months afterward, greatly to the disgust of the physician who performed the operation.

Our worthy friend, Dr. S. B. Munn, of Waterbury, Conn., was vaccinated, and presently had also small-pox. With his characteristic vehemence, he now denounces the whole practice. I know of many similar cases. But what affects me worse is the horrors sometimes inflicted on helpless children, poisoned and

sometimes legally murdered by enforced vaccination. I do not believe in the orthodox hell, but I would inflict it in some measure upon these torturers of the innocents. It is medical rape, and deserves no allowance.

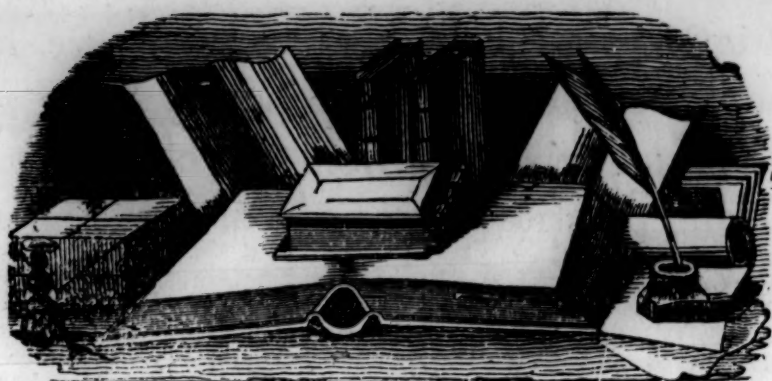
The late Dr. L. H. Borden, of Patterson, N. J., traced a relation between variola and cholera. One of these epidemics follows close on the other. In the one, the pox is external; in the other, internal. This would suggest why cathartics should not be administered to the variolous patient.

In the East, small-pox and scarlatina are epidemic simultaneously; the seizures and deaths of scarlatina being ten or twelve times those of small-pox. If you read Sydenham's paragraph upon epidemic influenza, you will get much insight into the *rationale* of the matter.

But I am wearying you. Thanks for your noble utterances; may they be often repeated. Some day, perhaps, deliverance and salvation will come to our imperiled, blood-poisoned people.

Yours truly and fraternally,

ALEXANDER WILDER.



EDITORIAL.

Manner of Adoption of the Name "Eclectic" by a Class of American Physicians.—From remarks by Professor John King, M. D., in the "Arena of Debate," as published in the "Transactions of the National" of last year, we infer that considerable interest centers upon this question in certain quarters, and, as no one has come forward with the information, we will modestly announce that the State whose motto is "Eureka" can afford the desired explanation, for within its boundaries resides a medical gentleman who was present when the child was born, and who can furnish a large amount of interesting information upon the early history of indigenous Eclectic Medicine. We write it "indigenous" because the term "eclectic" is really an old one and was applied to those who did not follow in the track of authorities in early times when what was known of medical science (!) centered about the Mediterranean, though then Eclectics had no organization.

The person referred to is O. P. Warren, M. D. This gentleman, whose head is white with the frosts of nearly four-score winters, has practiced medicine for more than fifty-five years, his early professional life being spent in the New England States when such a thing as Eclecticism in name did not exist, though the principles were as firmly upheld as they ever have been since, by a few devoted men who builded better than they knew. Dr. Warren has been on the Pacific Coast in the neighborhood of thirty-five years, but he remained in the East until Eclectic Medicine became a substantial and honored branch of the profession.

During the earlier years of his practice quite a large number of isolated practitioners in the United States were known as reform physicians. Some of these men hardly knew what they believed except that any departure from the blood-letting, depleting and mercurializing practice of old-school medicine was desirable. Some, and many of them, were out-and-out followers of Samuel Thompson, whose methods and doctrines were the outgrowth, in many particulars, of the most extreme ignorance. The two extremes of the new-school faction were probably best represented by Beach and Thompson. Beach was an educated, old-school physician who had discarded much of the old both in theory and practice and adopted many of the indigenous vegetable remedies, while he desired to establish a practice on a scientific basis, realizing that much was still to be added. Thompson in his ignorance considered his crude system a perfect one and attempted to protect it by letters patent.

In this chaotic season the publication of a medical journal advocating Thompson's system was begun at Columbus, Ohio, the first publication in the United States opposed to orthodox medicine. Its first number, the *Thompsonian Recorder*, bore the date of September, 1832. Its editor was one Thomas Hersey. In the preface of the first volume, one Howard was accused of starting an organ termed the *Eclectic* to oppose the *Recorder*. Still earlier than this, however, according to the memoirs of Samuel Thompson, the word was used by a writer who published a series of articles in the Boston *Patriot* to defend Thompsonianism. Under the date of November, 1825, Thompson, in the narrative of his life, wrote as follows: "A writer has lately come forward and published a series of numbers in the Boston *Patriot* under the title 'Eclectic,' who appears well qualified and seems disposed to do me and my system of practice justice by laying before the people a correct view of the case." This, it must be recollected, occurred seven years or more before the commencement of publication of the *Thompsonian Recorder*. Thus it will be seen the name was resurrected and brought to the minds of new-school physicians.

In 1832, the Worthington Medical College was established

Worthington by Wooster Beach and his associates, and the Southern Botanical, O., Medical College was organized at Forsyth, Georgia in 1839, both institutions publishing reform medical journals. The new school was thus increasing rapidly in numbers and attracting many followers. It was evidently to become a power in the land and its members often debated the question as to what distinctive title should be assumed, for the term, reform physicians, was not entirely satisfactory. Along in the thirties sometime, this question became so agitated in New England that a number of conventions were held at various points in New Hampshire and Massachusetts, to which new-school physicians from New York, Vermont, New Hampshire, Massachusetts and neighboring States, were invited, the declared object being to adopt a name under which all might join forces; but each meeting broke up in dissension, there always being a strong faction present which was in favor of no title which did not embrace the name "Thompson," and an opposing one, not so numerous, perhaps, but possessing ability and influence, which desired that Thompson and his patent system might be forgotten. Finally, after a number of fruitless meetings, another attempt to come to an arrangement was made at Fitchburg, Massachusetts. A number of notable new-school men of the neighboring States congregated, and, as usual, debate soon waxed warm. A Thompsonian advocate from Connecticut, Dr. Sperry, took the floor after the ball had well opened and stated that the great advantage in adopting Thompson's name was that it would be a guaranty that anyone sailing under such a banner would make no use of minerals, blood-letting and the other obnoxious methods of allopathy, for Thompson had so thoroughly identified himself through his crusade that his fame and principles were spread far and wide. This gentleman was a strong and able speaker and made an impression upon the convention which was sought to be neutralized by the opposing party, led by Wooster Beach, O. P. Warren and others. Dr. Warren rose to reply, and among other remarks stated that he could point the former speaker to an instance where an old-school physician in the up country was conducting a "Thompsonian Infirmary" and treating his patients

with blue mass, calomel and all the customary methods of the old school. Dr. Warren also stated that he did not care to confine himself strictly to vegetable remedies but chose to select his remedies from "all God's domain," with the exclusion of a few of the objectional measures of the old school, choosing the best from all sources. He was here interrupted by the former speaker, who said derisively, "Now I know what you are. You are an 'eclectic.'" At this point Dr. Beach rose and politely requested Dr. Warren to yield him the floor. The request was granted, and Beach opened one of the most impassioned speeches of his life. "That is it!" he exclaimed. "That is the name we want, 'Eclectic.' It expresses our convictions and purposes in a single terse word. It not only declares our present position as medical men but is broad enough for all the possibilities of the great future. We will inscribe it on our banner and will lift it higher and higher. It shall be not only our motto, but the day will come when the entire medical world shall arrive at our way of thinking, and it will be the motto of all physicians."

The effort, however, proved unavailing, the convention broke up without accomplishing its purpose, and Dr. Beach departed from that vicinity soon after to journey to Worthington, where he was to deliver his annual course of lectures; but he carried the new name with him. It was not publicly adopted until after the change of location was made from Worthington to Cincinnati, but the charter of the parent school of Eclectic Medicine granted in 1845, bears the name Dr. Beach's ready perception grasped as appropriate, when hurled at him in a spirit of derision, and which has since become a name of no little weight in the medical world.

Galvanism in Threatened Suppuration.—Professor M. H. Logan, M. D., in a private communication, makes the following statements regarding the action of galvanism in preventing suppuration in the case of a felon on his own finger:—

During the month of February I had a large carbuncle on the back of my neck; this was followed by a second one near the site of the first. The third affliction was a felon on my right index finger,

which became much swollen and caused intense pain. By this time I was tired of lance and poultice, so I took a dilute solution of liquor potassa, put it into a cup of warm water, and placed the + pole of my galvanic battery in it and put the -- pole in cup of plain warm water, and with my disabled index in the + cup and the other hand in the other cup, I turned on seven cells and kept my finger there most of the time for ten minutes, taking it out and putting it in frequently to get the shock. The current caused some pain. In about two hours I repeated the operation, using only plain warm water in both cups. The next day the operation was repeated again without liquor potassa, each time continuing for about ten minutes or until the pain was considerable. I used from four to ten cells, and after each time the intense pain would subside, and the finger would feel comparatively comfortable. It has been about ten days since, and with the exception of a little stiffness the finger seems well.

Mitchella Repens.—Though much neglected the partridgeberry is one of the most valuable anti-abortives in the materia medica. We will make this still stronger and state that it is the *best* anti-abortive known when a woman has become habituated and the uterus casts off its fruit during the early months of pregnancy.

The editor, when known as the "boy doctor," obtained his first case of obstetrics through this remedy. The landlady's daughter, aged about thirty years, and of strumous habit, residing a few miles from the paternal home, dearly loved children and was desirous of becoming a mother, but had miscarried at about the third or fourth month more than half a dozen times in as many years. The old mother, desirous of initiating the new doctor into business, since he was a temporary member of the household, broached the question of relief from such thralldom, and receiving encouragement, the interested person applied at the office for medicine and carried away a package of the mitchella vine, dried but recently fresh, with instructions to prepare an infusion; add sufficient spirits to preserve it, and take a tablespoonful before each meal and at bed-time. On this occasion gestation went on interruptedly to full term and the patient gave birth to a fine girl baby, the writer presiding over the ceremonies and gaining fifty pounds in his own estimation in a single night.

We recollect another instance where a young married lady desired offspring very much, but after three years of married life came to the conclusion that she was sterile. Upon questioning her we learned that the intermenstrual periods occasionally were six weeks or more in duration and were afterward followed by a profuse discharge of blood. Suspecting miscarriage the mitchella was supplied and after a few months the patient found herself pregnant and in better health than for two years; for the frequent miscarriages had evidently been the cause of debility and other unpleasant symptoms. In due time a fine boy came to add to the happiness of a model home, and to this blessing others were added in decent season without further medication.

We have never forgotten the lessons so well impressed in early professional life. The mitchella has proven most acceptable in many similar cases, and has never failed to afford satisfaction if properly employed in the shape of the recent drug. In the absence of the fresh plant the fluid preparation which nearest represents it should be preferred.

The agent not only disposes of many of the unpleasant aches and pains of gestation, but it conduces to a rapid and easy labor. Sometimes we have found labor surprisingly so after the patient had used this remedy a few months. However, we are not of those who believe that any plan will obviate entirely the pains of parturition. Women are not built that way.

Chloral, etc.—The article of Professor A. J. Howe, M. D., published among our selections in this number, is worthy of perusal. It is the outcome of a number of debative articles upon the subject of chloral poisoning by Professors Scudder and Howe in the *Eclectic Medical Journal*, in which discussion it has seemed to us that Professor Scudder has taken the position of an extremist and rather unjustly arraigned a few doses of chloral for sudden deaths, which are likely to have occurred if the drug had never been swallowed.

The writer is not as much of a friend to chloral as some, for it is a vile drug to take, considering its taste, and it is not as prompt an anodyne as morphine or other preparations of opium,

but a thorough trial of it, made during nearly nineteen years of constant practice, has convinced him that it is not the dangerous remedy that some suppose, and in such states as delirium tremens, puerperal mania, etc., it is the best remedy perhaps that can be prescribed. A patient may take a dose of chloral and die within an hour, but the morbid condition which prompted the administration of the drug might have proven fatal if the dose had not been taken.

The teaching to classes of students that chloral, opium and morphine are dangerous agents to tamper with is good, wholesome instruction if it be not carried to extremes, but the writer has learned to his own sorrow and the loss of a number of good patrons that it is a hobby that can be ridden too far. People who are suffering intense pain have no reverence for any man's scruples, doctrines, principles or former instruction. What they demand is relief. They suppose the physician is employed for the purpose of affording it and that which comes soonest is what pleases best, even if it prove but temporary; and if the attending physician does not afford it, someone else will be called upon some fine day when the stickler on such points least expects it. Nothing knocks the confidence in a physician, even though years be spent acquiring it, out of a patient like a few hours of unrest and pain. Less than ten years ago, one of the best families the writer numbered among his old and reliable patrons, was wrenched from him by a few doses of chloral. The matron had suffered long with a severe hemicranial neuralgia and after submitting for more than two months to scientific and specific medication as practiced by yours truly, she visited the office of a young squirt who had recently graduated from an old-school college and obtained a bottle of hydrate of chloral solution. So great was the relief therefrom that the new doctor stepped into the graces of the family for good.

There is more than one way to view this subject. The physician owes his patient a fair amount of consideration, but he also owes his own professional standing in a community some share of favor. He cannot afford to become a martyr to the cultivated timidity of his college teaching if his board and clothes depend

upon it. There is a happy mean to be observed. It is well to realize that chloral, morphine and other powerful narcotics are dangerous agents, and it is well to strive to advance medicine to that point where they can be largely dispensed with; but all these considerations should not prompt one to a course of helplessness and timidity that can but result in loss of credit not only to himself in his own little world, but to his own class of physicians everywhere.

Please Observe.—The editor occasionally receives a letter forwarded from San Francisco which has been directed to the San Francisco post-office. Correspondents will please recollect that Dr. Webster's address is Oakland as formerly. The change recently made is in the publisher, who is now D. Maclean, M. D., 330 Sutter Street, San Francisco. All money drafts, postal orders, etc., for subscriptions, advertising or other purposes connected with the JOURNAL management should be sent to the publisher at San Francisco.

Send Your Clinics to the College.—Our practitioners located near San Francisco should not forget our College when sending surgical or other cases to the metropolis for treatment. We have no hospital, but arrangements can always be made for the proper nursing of patients, and we have as competent a surgeon in Professor Gere as the United States can afford. In fact our teachers are all qualified to manage well any case which may be sent to the College, and all coming can feel certain of the utmost courtesy from both teachers and students.

Inform Us When You Move.—Some physicians are as nomadic as an Indian or Arab, and it is impossible to keep track of them more than two or three months at a time. We have had one subscriber of this character become seriously offended with us because we did not send the JOURNAL to him after he had moved two or three times from the address to which the JOURNAL was first sent, without any notice being given. When you move, notify us, and don't forget to pay up.

Where Does the Joke Come in?—A good story is being quietly circulated of a so-called eclectic physician who is quite prominent in San Francisco, who was dismissed from the charge of a patient and a professor in an allopathic college employed. The new doctor called for the prescriptions of the former attendant, and found one which contained ten ingredients (rags, sacks and bottles), three of which were incompatibles. This was taken before the professor's class, copied on the blackboard, and a high old time held by all present at the expense of the absent eclectic, with commentaries upon the ignorance of eclectics in general. If the editor is correctly informed as to the identity of the particular eclectic referred to, he (the editor) can vouch for the fact that he (the eclectic referred to) is no eclectic at all, but an allopath upon his own confession. And still further, the patient died within ten days after going into the professor's hands—so we would like to know when and where to laugh.

MISCELLANEOUS PARAGRAPHS.

DR. A. E. SCOTT, formerly of North Powder, Oregon, a graduate of the class of '83, has recently been calling on old acquaintances in and near San Francisco. After five years' experience and a course at the New York Post Graduate Medical School, of which institution he speaks in high terms, the doctor heartily indorses the California Medical College as a place to learn to practice medicine. He will locate in California soon, probably at or near the metropolis.

WE are pleased to notice the presence on this coast of Dr. C. F. Stewart, of Brownville, Nebraska. The doctor is a prominent physician, being for five years Superintendent of the Nebraska State Insane Hospital. He is viewing our mountains and valleys, and inhaling our glorious climate, where gentle zephyrs and golden sunshine produce forgetfulness of tornadoes and blizzards. We hope he may find our State so interesting and pleasant that he will conclude to abide with us permanently.

WE have received from the American Binder Co., of St. Paul, Minnesota, a convenient and handsome temporary binder for the JOURNAL. As soon as issued we insert the numbers, and thus always have a file at hand for ready reference.

MRS. J. P. WEBB, M. D., speaks highly of Jamaica Logwood in the treatment of neuralgic dysmenorrhea. Twenty drops, repeated every two hours or oftener if necessary.

DR. J. ELLIOTT COLBURN, of Chicago, reports (*Medical Age*) a case of epilepsy cured (apparently) by the correction of an error of refraction.

DR. F. A. GRANT, *Medical Age*, reports a case of pneumonia aborted by the use of chicken in twenty-drop doses every three hours. After the evening of the second day the temperature ceased to rise and convalescence speedily followed.

"THE MOOSE TRACKERS" is the name of a thrilling story very interesting to boys, now in course of publication in *Golden Days*. Such stories combine much valuable instruction in geography, natural history, and other important subjects, with fascinating narrative of adventure.

DR. GEORGE CHAFFEE, of Nebraska, reports (*Medical Age*) success with pichi in the treatment of a case of hematuria renalis. He believes pichi to possess valuable properties in the treatment of organic kidney disease. In the case reported there was found albumen and tube casts in the urine. The hemorrhage was controlled by pichi but no claims have been made as to a cure.

HOW TO USE ELECTRICITY IN EXTRA UTERINE PREGNANCY.—Dr. A. D. Rockwell, of New York, in the *International Journal of Surgery and Antiseptics*, details the directions for employing electricity for the destruction of the foetus in the tubal pregnancies, which, boiled down, are as follows: First make the diagnosis. Then place the positive electrode firmly upon the abdomen and directly over the distended tube. The negative electrode, consisting of a metal ball about the size of a large marble, securely fastened to an insulated stem, is introduced into the vagina, and guided to the point where the enlargement is most distinctly felt. The interrupted galvanic current is preferred; strength between fifteen and twenty millimeters.—*Daniel's Texas Medical Journal*.

A GENTLEMAN happened to be in conversation with a man who makes raspberry jams and jellies the other day. He was in the position to command the confidence of the manufacturer, who "let out" the secret of the process. He informed his friend *confidentially* that no raspberries were used in jam at all. "Why," said he, "we just boil tomatoes and glucose together and then flavor with raspberry syrup, but we take out the seeds, for they would give the whole 'snap' away. The dear public eat our

jam, and, like Oliver Twist, ask for more. We are doing a rushing business." Barnum said the public loved to be humbugged and were willing to pay well for it. Next ice-cream will be made of chalk, water and soap fat.—*Medical Summary.*

SOCIETY MEETINGS FOR 1888.—The National Eclectic Medical Association will open in Detroit, Michigan, June 20, and continue in session three days. The annual meeting of the Eclectic Medical and Surgical Society of Michigan will also be held in Detroit, beginning June 18, and adjourning at the commencement of the National. The Illinois State Eclectic Medical Society will hold an annual meeting May 17 and 18, at Springfield. The Eclectic Medical Society of Missouri will meet in annual session in St. Louis, June 6 and 7. The Texas State Medical Association will hold its annual session at Fort Worth, May 8. The Eclectic Medical Association of Southwestern Missouri will meet in Carthage May 10. The Eclectic Medical Association of Ohio will meet at Delaware May 16 and 17. The Indiana Eclectic Medical Association will meet in Indianapolis the 9th and 10th of May.

The Georgia Eclectic Medical Society met the 1st and 2d of March. The Tennessee Eclectic Medical Society met in Nashville April 10 and 11.

A SHOTGUN PRESCRIPTION.—I have in my possession a copy of a prescription sent to a drug store by a regular (?) physician who claims to be a graduate of one of the oldest Eastern institutions. Here it is:—

R Sulphur,
Brimstone, ää 2½ oz.
Cream tartar, 1 teaspoonful.
Powder,
Shott, ää ½ oz.

M. Sig.—Make into an ointment by heating twelve hours and apply, and heat in at bed-time. Dr. ———

The druggist into whose hands this unique specimen came, mixed together the first three ingredients and directed the owner of the prescription to get the remaining ingredients at a hardware store. The chirography is sufficiently plain to leave no reasonable doubt that this compound was intended, and yet, astonishing as it may seem to our cultured Eastern colleagues, from whom medical knowledge emanates as heat and light do from our sun, this fellow is a graduate of that ancient and revered institution known as Dartmouth. Further comment is unnecessary.—*A. J. Rosenberg, M. D., in Medical Age.*

SUCCESSFUL TREATMENT OF PRURITUS VULVÆ.—Mrs. X——, an elderly lady, wife of a wealthy merchant, consulted me some time back complaining of great irritation of the vulvæ and perineum. She was suffering from diabetes, but although under treatment, the specific gravity of her urine decreased from 1049 to 1026, yet the pruritus increased in severity. In spite of all that could be suggested by myself and many of the best London consultants, life became almost unbearable. Directly she became warm in bed the irritation would commence. She would scratch herself "almost to pieces," and would frequently leave her bed half a dozen times during the night to sit in a bath of cold water. She tried alkaline baths, hydrocyanic acid, black wash, chloroform liniment, etc., without avail. On July 28, she came up from the country to see me, although she felt it might be in vain. I then gave her the following ointment:—

R Cocaine, 15 gr.
 Aquæ dest., q. s.
 Lanolin., $\frac{1}{2}$ oz.

M. Sig.—To be used every night, and lotio hydrargyri nigra to be applied in the morning after bathing.

Since she used this ointment the irritation gradually decreased, until it entirely left her, and long and healthy sleep returning has made life again worth living.—*Dr. F. T. Simson, in Lancet.*